Multi-Sector Needs Assessment (MSNA) Factsheets

2019 **LIBYA**

5,058

1,889

1,733

1.436

CONTEXT

Since 2011, Libya has experienced several waves of fighting, and the complex socio-political landscape has developed into an increasingly protracted conflict. From 2014, an overall deescalation of the conflict at the national level gave way to more localised forms of communitybased fighting over governance and control of key strategic and economic resources. However, on 4 April 2019, intensive fighting between Libya's western- and eastern-based governments broke out in the Tripoli area and has continued to the present date. Additionally, heavy rainfall in early June 2019 caused severe flooding in Ghat and surrounding areas, leading to the displacement of over 5,000 people and damage to infrastructure1.

Crucial humanitarian information gaps remain in Libya: the political, economic and social landscapes are constantly evolving, and access is challenging in some areas. Building on its experience conducting Multi-Sector Needs Assessments (MSNAs) in Libya since 2016, REACH, on behalf of the Humanitarian Country Team (HCT), the Inter-Sector Coordination Group (ISCG) and the Information Management Working Group (IMAWG), proposed to conduct this MSNA in Libya.

The purpose of this MSNA is to inform and update humanitarian actors' understanding of the humantiarian needs existing in Libya and to provide an overall trends analysis. It identifies differences in humanitarian needs among targeted population groups and geographic areas, and it is intended to support strategic planning and contribute to a more targeted and evidence-based humanitarian response.

METHODOLOGY

The 2019 Libyan MSNA adopted a mixedmethods approach. The quantitative component consisted of a survey that targeted 5,058 randomly-selected Libyan households across 17 mantikas, sampled per population group. Findings from this survey are representative at the mantika level for internally displaced, returnee and non-displaced households, with a 95% confidence level and a 10% margin of error (unless stated otherwise)3.

This means that it is possible to use MSNA household survey results to draw generalisable conclusions for all three of the assessed population groups, for each of the 17 targeted mantikas.

Data collection for the household survey took place from 7 July to 10 September. The qualitative component followed the household survey and consisted of 68 Key Informant Interviews (KIIs) and 25 Focus Group Discussions, all purposively sampled, to further contextualise and triangulate the findings of the household survey. Kls (targetting commumnity leaders and subject experts) and FGD participants were selected in consultation with data collection partners on the basis of their local knowledge and subjectarea expertise. At least 1 women-only FGD was conducted in each assessed mantika. These factsheets present quantitative findings, for a more in-depth analysis of qualitative findings, please refer to the 2019 MSNA Report.

The MSNA's research design, including the selection of indicators, was overseen and validated by the ISCG, with sector consultation and in coordination with the IMAWG. The International Organisation for Migration's (IOM) Displacement Tracking Matrix (DTM) team partnered with REACH in collecting data for the household survey.

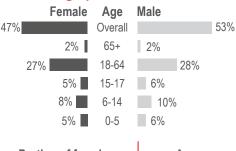
Assessment sample Households: - Non-displaced:

Governorates/mantikas: **17** (out of 22) 68 (out of 100) Districts/baladiyas:

Demographics

- IDP:

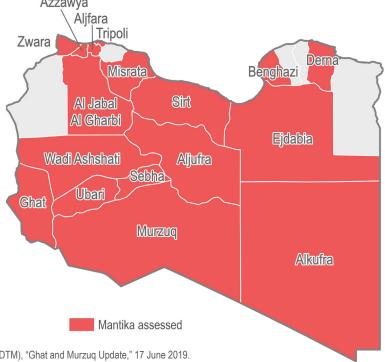
- Returnee:



Portion of femaleheaded households:

Average household size:

5.14



International Organization for Migration (IOM) Displacement Tracking Matrix (DTM), "Ghat and Murzuq Update," 17 June 2019.





³ Refugees and migrants in Libya were covered in the 2019 Refugee and Migrants in Libya MSNA. Due to different methodological approaches, findings from the two MSNAs should not be compared.

% of HHs with a FS LSG⁴ severity score of at least 3:

4%

of HHs with a FS LSG severity score of at least 3:5

see Annex for details on methodology

% of households per FS LSG severity score:



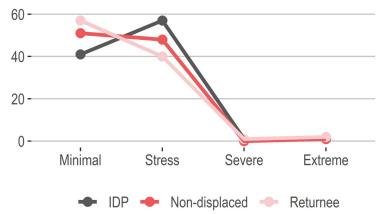
1% Extreme (severity score 4)
3% Severe (severity score 3)
45% Stress (severity score 2)
51% No or minimal (severity score 1)

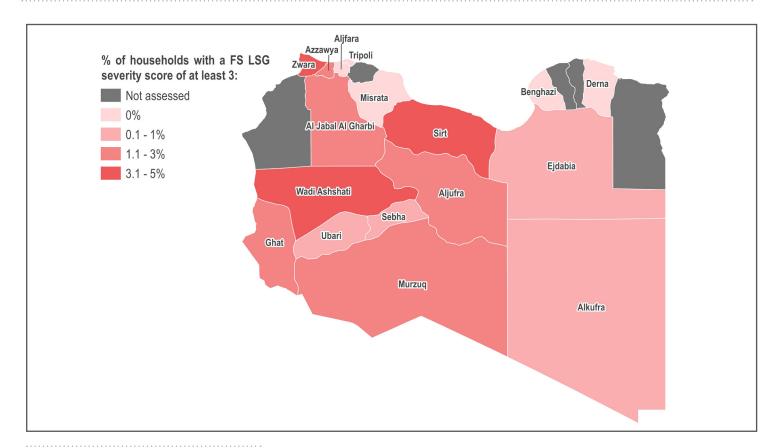
% of households with a FSL LSG severity score of at least 3, per population group:

Non-displaced 4% IDP 5% Returnee 7%

The indicators primarily driving the severe and extreme LSG severity scores for FSL were poor or borderline food consumption patterns and reliance on negative coping strategies. The population group with the highest levels of food insecurity on the food consumption score were returnees, accounting for 7% of respondents. IDPs were found to be more likely to employ negative coping strategies, such as borrowing money from friends or relatives, and reducing the number of meals eaten per day, than other sub-groups.

% of households per FSL LSG severity score, per population group:





⁴ The FSL composite indicator consists of food consumption score, reduced coping strategy index, primary sources of food and challenge to obtain enough money See MSNA 2019 report for more information.

⁵ Figure obtained by applying the percentage on the population figure used for the Libya 2019 MSNA sample (using IOM Displacement Tracking Matrix and UNFPA 2017 population projections).







% of HHs with a Food Security Index (FSI) score of food insecure

4%

of HHs with a FSI score of 'food insecure'

30 660

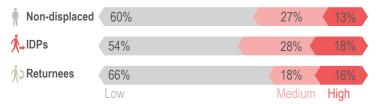
\$

FOOD SECURITY INDICATORS

% of HHs with a borderline or poor Food Consumption Score (FCS) per population group in the 7 days prior to data collection:



% of HHs with a low, medium or high reduced Cooping Strategy Index (rCSI) per population group in the 7 days prior to data collection:



% of HHs with a stress, crisis or emergency Livelihood Cooping Strategy Index (LCSI) per population group in the 30 days prior to data collection:



HHs that reported using at least one livelihoods coping strategy in the 30 days prior to data collection most commonly reported doing so to be able to*:

Accessing food	64%
Paying for healthcare	56%
Paying for other basic needs	50%
Paying for education	27%

SOURCES & EXPENDITURES

Top 3 sources from which households reported acquiring food*:

Market (purchased with cash)	88%
Market (purchased with cheque)	55%
Market (purchased on credit)	27%

^{*} HHs could select multiple answers

'food insecure'5

see Annex for details on methodology

% of total HH expenditures reportedly spent on food in the 30 days prior to data collection, per population group:

Non-displaced

1→ IDPs 42%

Returnees 51%

🎉 AGRICULTURAL ACTIVITIES

% of HHs engaged in a form of agricultural production for income generation or food consumption*:

Crop production		12%
Livestock production		12%
Fishing	1	3%

% of HHs that have reportedly stopped their agricultural activities since 2011, by year in which they reportedly stopped:

2011	37%
2015	31%
2013	11%



Of HHs that were engaged in crop production during the assessment (12%), 75% reported that the conflict has negatively affected their production.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on crop production were:

Power cuts	
Insecurity 36%	
Linable to access or afford fertilizers/posticides	

Among HHs that were engaged in crop production at the time of data collection, top 9 most commonly-cultivated crops*:

- 1. Olives
- 3. Dates
- Irrigated wheat

- 2. Citrus fruits
- Onions
- 6. Oil seeds



Of HHs that were engaged in livestock rearing during the assessment (12%), 67% reported that the conflict has negatively affected their rearing practices.

Among those HHs, the top 3 most commonly reported negative effects of the conflict on livestock rearing were:

Lack of access to fodder/animal feed/pasture 48%

Have had to sell or slaughter animals for own consumption 34%

Lack of veterinary services, vaccines, and medicines

20%





WATER, SANITATION & HYGIENE (WASH) MSNA I 2019 LIVING STANDARDS GAP (LSG)

LIBYA

% of households with a WASH LSG⁶ severity score of at least 3:

of households with a WASH LSG severity score of at least 3:7

see Annex for details on methodology

% of households per WASH LSG severity score:

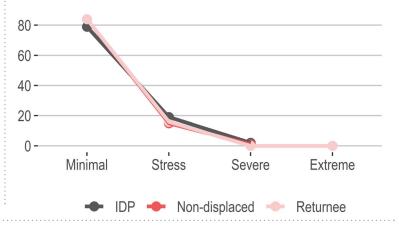


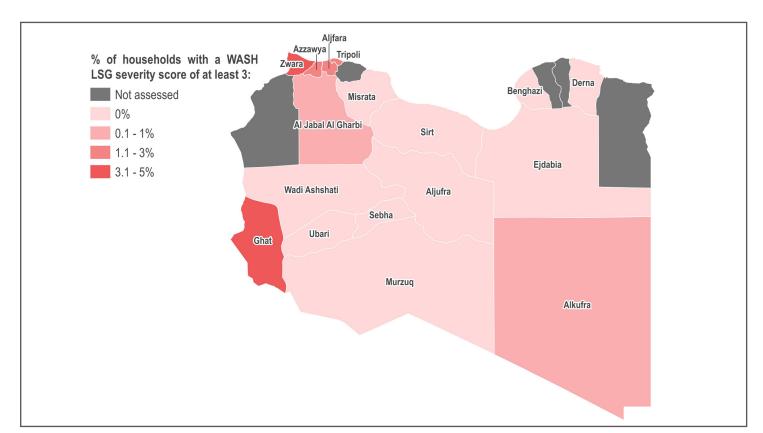
% of households with a WASH LSG severity score of at least 3, per population group:

Non-displaced 1% IDP 2% Returnee

The indicators primarily driving the severe and extreme LSG severity scores for WASH were insufficient quantity of drinking water, unsafe disposal of household water, and lack of income to support purchases of essential hygiene products. Inadequate water sourcing was not found to be a significant problem amongst respondents, accounting for 1% of IDP and ND households only. Households were more likely to report insufficient quantities of drinking water (29%), inadequate waste disposal (16%), and insufficient hygiene products (9%).

% of households per WASH LSG severity score, per population group:





⁶ The WASH composite indicator consists of water source, access to sanitation facility, quantity of drinking water, disposal of waste and ability to purchase hygiene products. See MSNA 2019 report for more information.

Figure obtained by applying the percentage on the population figure used for the Libya 2019 MSNA sample (using IOM Displacement Tracking Matrix and UNFPA 2017 population









WATER, SANITATION & HYGIENE (WASH) **INDICATORS**

MSNA | 2019



ATER SOURCES

Main reported sources of drinking water in the 30 days prior to data collection: Public network

Other Water trucking Bottled water

Top 5 mantikas where HHs reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection:

Aljufra	84%
Ubari	83%
Ghat	71%
Azzawya	55 %
Sebha	52 %

% of HHs reported insufficient quantity of drinking water to meet daily needs in the 30 days prior to data collection, per population group:

Non-displaced	∱ → IDPs	Returnees
28%	34%	27%

Reported quality of the drinking water from the main source used during the 30 days prior to data collection, per population group*:

	Non-displaced	IDPs	Returnees
Water is fine to drink	75%	74%	79%
Taste is not good	23%	22%	20%
Water is discoloured	3%	5%	2%

Most commonly-reported water treatment per population group*:

Ů Non	-displaced		∱ → IDPs	於	Returnees
51%	Water filters	49%	Water filters	64%	Water filters
6%	Disinfection	6%	Disinfection	2%	Boiling



% of HHs reported having rare (1-3 days) or no access to the water from the public network in the last 7 days prior to data collection

Of HHs reportedly having toilets within their shelters or within easy reach (99%), the most commonly reported types of toilets:

Flush toilet	82%
Pour toilet	27%

* HHs could select multiple answers



Most commonly reported methods of waste disposal in the 30 days prior to data collection*:

Public place for waste disposal	44%
Collected (private or public)	37%
Public place not designed for disposal	16%
Buried or burned	9%

Among the HHs not having their waste collected (63%), reported distance to the trash disposal point:

0 - 200 m	40%
201 - 400 m	24%
401 m or more	36%

Among the HHs not having their waste collected (63%), % having the trash disposal point more than 400 meter from their shelter, per population group:

Non-displaced	∱ → IDPs	
38%	32%	15%

Among the HHs having their waste collected (37%), frequency of trash collection:

More than once per week		62 %
Once per week		28%
Once every two weeks		7%
Once per month	L	2%

% of HHs reporting requiring hygiene products that they are unable to purchase, by population group:

Non-displaced	∱ → IDPs	
14%	16%	12%

Hygiene items that HHs most frequently cited as something they needed but were unable to purchase*:

1.	Disinfectant	3.	Sanitary pads	5.	Shampoo
2.	Soap	4.	Baby diapers	6.	Toothpaste

HHs reporting being unable to purchase required hygiene items (14%), most commonly reported the following reasons*:

Too expensive		87%
Quality not good		18%
Not available in the market	1	3%
Can't reach the market	T	2%
Other	L	2%







% of households with a health LSG⁸ severity score of at least 3:

20%

of households with a health LSG² severity score of at least 3:9 153 315

see Annex for details on methodology

% of households per health LSG severity score:



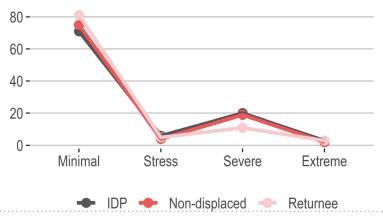
2%Extreme(severity score 4)18%Severe(severity score 3)4%Stress(severity score 2)76%No or minimal(severity score 1)

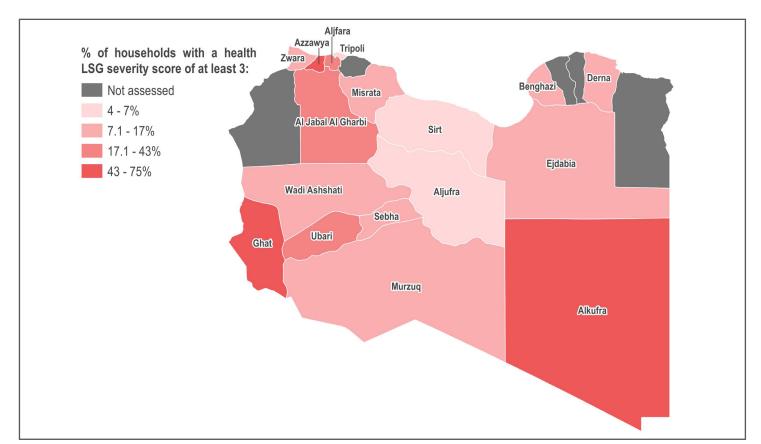
% of households with a health LSG severity score of at least 3, per population group:

Non-displaced 21% IDP 23% Returnee 14%

The indicator driving the severe and extreme LSG severity scores for Health were barriers accessing healthcare when needed, such as damage to health facilities, lack of medical supplies or social barriers such as lack of male companions for female household members and discrimination. Of those reporting severe or extreme barriers, the most common reasons were: lack of medicines (40%), lack of medical staff (39%), and lack of medical supplies (28%).

% of households per health LSG severity score, per population group:





⁸ The health composite indicator is based on barriers to accessing health. See MSNA 2019 report for more information.



⁹ Figure obtained by applying the percentage on the population figure used for the Libya 2019 MSNA sample (using IOM Displacement Tracking Matrix and UNFPA 2017 population projections).

MSNA | 2019 LIBYA

ACCESS TO HEALTHCARE

% of HHs reported facing challenges accessing health care when needed

Among HHs facing challenges accessing health care when needed, most commonly-reported reasons (HHs could select up to 3 reasons):

Ů Non-	-displaced	汶	→ IDPs	ķ >	Returnees
42%	Lack of medicines	39%	Lack of medicines	41%	Lack of medical staff in general
39%	Lack of medical staff in general	37%	No/lack of money to pay for care	30%	Distance to health facilities is too far
33%	No/lack of money to pay for care	36%	Lack of medical staff in general	24%	Lack of medicines

Reported travel time by car to the nearest health service provider:

< 15 minutes	53%	6
15 - 29 minutes	37%	6
30- 59 minutes	9%	6
1 hour or more	19	6

Average number of children per household with vaccination 0.87 cards (for HHs with children)

Average number of children per household unable to get a required or recommended vaccination (for HHs with children)

Among HHs with minors (85%), reported travel time by car to the nearest health facility that can provide vaccinations:

< 15 minutes		53%
15 - 29 minutes		37%
30- 59 minutes		9%
1 hour or more	1	1%

CHRONIC/MENTAL ILLNESS



% of HHs reported having at least one member who is suffering from a medically-diagnosed chronic disease

Among HHs with at least 1 member reported to be suffering from a chronic disease, most commonly-reported diseases:

Diabetes	57%
High blood pressure	44%

Among HHs with at least 1 member reported to be suffering from a chronic disease, level of access to health care services to treat this condition:



% of HHs reported having at least one member who is suffering from a clinically-diagnosed mental disorder

Among HHs with 1 or more members with a clinically-diagnosed mental disorder and no or limited access (1%) to the required mental health care services, most commonly-reported services not available*:

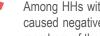
Psychiatrists, psychologists, psychotherapists	54%	6
Inpatient psychiatric care	47%	6
Psychatric medicine	41%	6

% of HHs reported having at least one member with a physical or cognitive difficulty that impacts daily activities

Among HHs with 1 or more members with a physical or cognitive difficulty which impacts daily activities and no or limited access (2%) to the health care they need to treat or manage their condition, most commonly-reported services not available*:

Lack of physical therapy and/or rehabilitation	70%
Lack of psychosocial support	17%
Lack of wheelchairs	11%

CHILD DISTRESS



Among HHs with minors (85%), 6% of HHs reported the conflict caused negative changes in the behaviour or emotions of minor members of the HH

Among HHs with minors who have experienced negative behavioural and emotional changes due to the conflict, most commonly-reported changes*:

	For children aged 0-12 years		For children aged 13-17
24%	Nightmares or sleep disturbances	27 %	Startled easily
24%	New or recurring fears	12%	Nightmares or sleep disturbances
16%	Changes in appetite or eating habits	8%	Withdrawn from family and friends
13%	New or recurrent bedwetting	8%	New or recurrent bedwetting

^{*} HHs could select multiple answers







MSNA I 2019 LIBYA

% of households with a shelter & NFIs LSG¹⁰ severity score of at least 3:

3%

of households with a shelter LSG severity score of at least 3:11 22 997

see Annex for details on methodology

% of households per shelter & NFIs LSG severity score:

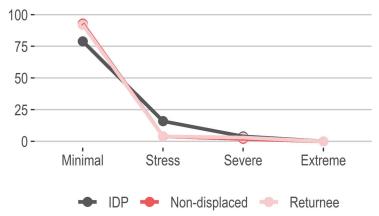


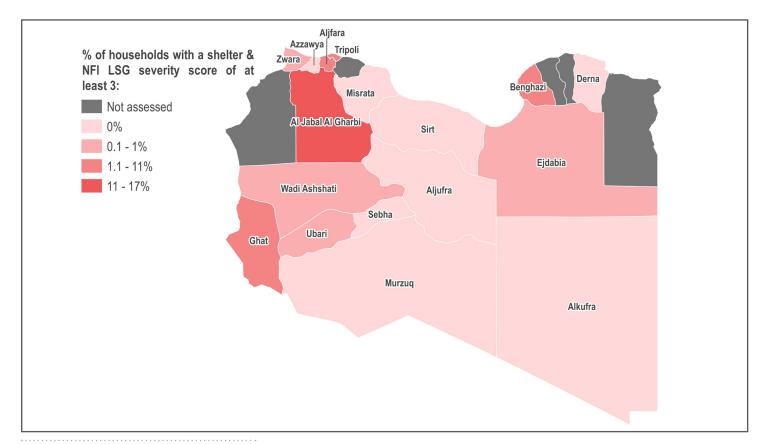
% of households with a shelter & NFIs LSG severity score of at least 3, per population group:

Non-displaced 2% IDP 5% Eturnee 4%

The indicators primarily driving the severe and extreme LSG severity scores for SNFI were inadequate shelter types (such as unfinished rooms, temporary shelter, or public buildings not usually used for shelter), shelter conditions, threat of evictions and barriers to possession of essential NFIs.

% of households per shelter & NFIs LSG severity score, per population group:





The shelter composite indicator consists of type pf shelter, damage to shelter, (threat of) eviction and possesion of essential NFIs. See MSNA 2019 report for more information.

¹¹ Figure obtained by applying the percentage on the population figure used for the Libya 2019 MSNA sample (using IOM Displacement Tracking Matrix and UNFPA 2017 population projections).









SHELTER & NON-FOOD ITEMS (NFI) INDICATORS

MSNA I 2019 LIBYA





of HHs reported that they are living in a house or an apartment.

Only 1% of HHs reported living in a substandard shelter type 12

% of HHs reporting living in each shelter occupancy arrangement, per population group:

	Non- displaced	IDPs	Returnees
Owned	92%	17%	86%
Rented	6%	55%	11%
Hosted for free	1%	24%	2%
Other	1%	4%	2%

Reported % of total HH expenditures used for rent in the 30 days prior to data collection, per population group:

[↑] Non-displaced	├ → IDPs	Returnees
37%	38%	41%

Top 5 mantikas where HHs reported the rent has increased since the beginning of 2019:

Aljfara	94%
Tripoli	72 %
Sirt	41%
Alkufra	35%
Ejdabia	32%

Top 3 mantikas where HHs were reported by enumerators to be living in medium/heavily-damaged or destroyed shelters:

Al Jabal Al Gharbi	28%
Ghat	20%
Sirt	9%



HOUSING, LAND & PROPERTY

Status of HHs' house, property or land proof of ownership documents, by %:

Other 12%



^{12.} Examples of substandard shelter types are: unfinished room(s), public space not usually used for shelter, private space not usually used for shelter, tent or caravan, temporary shelter provided by INGO or local NGO, camp.

of HHs reported having been evicted or threatened with eviction in the 6 months prior to data collection

Among HHs that had been evicted or threatened with eviction in the 6 months prior to data collection, top 3 most commonly-reported reasons*:

Other ¹³	34%
Cannot afford rent	22 %
Requested to leave by authorities	20%

NFI NON-FOOD ITEMS (NFI)

NFI items that HHs cited to be in need of*:

Mosquito nets	55 %
Clothing for cold weather	30%
Solar lamps	29%
Water storage containers	27%

UTILITIES & MOBILE NETWORK

Among HHs that reported the public network was their most common source of electricity (98%), average daily length of power cuts over the 7 days prior to data collection, per population group:

Non-displaced	∱ → IDPs	
7 hours	7 hours	6 hours

Top 5 mantikas with longest daily average power cuts, over the 7 days prior to data collection:

Murzuq	15 hours
Ubari	14 hours
Ghat	11 hours
Sebha	11 hours
Zwara	0 houre

Top 4 mantikas where HHs reported having no or unreliable mobile network coverage:

Al Jabal Al Gharbi	78%
Alkufra	59%
Ubari	54 %
Derna	33%

^{*} HHs could select multiple answers







¹³ Examples belonging to the 'other' class: armed conflict, because of floods, ...

% of households with an education LSG¹⁴ severity score of at least 3:

5%

of households with an education LSG severity score of at least 3:15

38 328

see Annex for details on methodology

% of households per education LSG severity score:



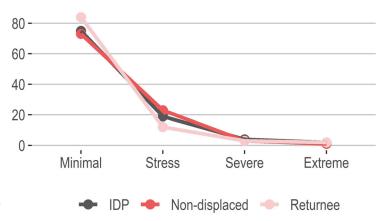
1% Extreme (severity score 4)
4% Severe (severity score 3)
21% Stress (severity score 2)
74% No or minimal (severity score 1)

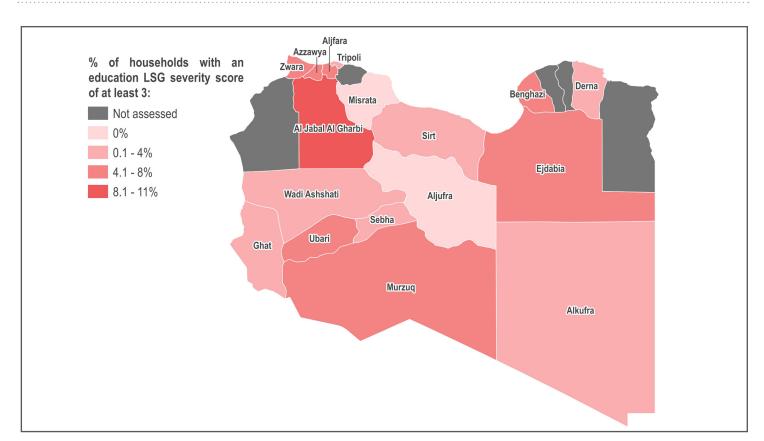
% of households with an education LSG severity score of at least 3, per population group:

Non-displaced 5% IDP 6% Returnee 5%

The indicators driving severe and extreme LSG severity scores for education were school enrolment and attendance, and issues faced by children when attending school. Overall, 4% of households had one or more non-enrolled or non-attending children, with minimal variation among population groups. The most common issues faced when attending school were a lack of functioning latrines (22%) and a lack of clean water (20%). IDPs were most likely to report on protection-related issues (6%), reporting bullying from other students (2%) and violence from teachers (4%).

% of households per education LSG severity score, per population group:





¹⁴ The education composite indicator consists of school enrollment & attendance and issues faced when attending school. See MSNA 2019 report for more information.



¹⁵ Figure obtained by applying the percentage on the population figure used for the Libya 2019 MSNA sample (using IOM Displacement Tracking Matrix and UNFPA 2017 population projections).

ACCESS TO EDUCATION

% of school-aged children enrolled in school per population group and gender:

	Boys	Girls
Non-displaced	97%	97%
グ→ IDPs	96%	97%
Returnees	97%	98%

% of enrolled children who did not regularly attend school during the 2018-2019 school year:

Boys	Girls
1	1
1%	1%

Among HHs with children enrolled in school (97%), top 3 issues that their children faced when attending school, by population group*:

	Non-displaced		│ → IDPs		Returnees
23%	Lack of functioning latrines	19%	Lack of functioning latrines	12%	Overcrowding
22%	Lack of clean water	17%	Lack of clean water	11%	Poor quality of teachers
16%	Poor quality of teachers	12%	Overcrowding	10%	Lack of functioning latrines

Top 5 mantikas with the highest % of children not attending school:

Al Jabal Al Gharbi		6%
Ejdabia	•	3%
Zwara	•	3%
Murzuq	•	3%
Azzawya	1	2%

CHILDREN OUT OF SCHOOL

Among school-aged children who are neither enrolled in nor attending school (4%), length of time they have not been attending school:

Less than 1 month		10%
1 - 3 months	1	1%
4 - 6 months	1	2%
More than 6 months		3%
Entire 2018-2019 school year		10%

Among school-aged children who are neither enrolled in nor attending school (4%), top 3 reported reasons*:

Problems with means, transport, materials, or food Problems with infrastructure, or school has other purpose		13% 12%
Problems with child's health/behaviour, lack of documentation, child marriage/pregnancy, discrimination or the need for the child to work.	=	12%

oxdot Non-formal education



% of HHs with school-aged children reported that their children were attending **non-formal educational programmes**.



^{*} HHs could select multiple answers

% of households with a protection LSG¹⁶ severity score of at least 3:

7%

of households with a protection LSG severity score of at least 3:17

0%

53 660

(severity score 4)

(severity score 3)

see Annex for details on methodology

% of households per protection LSG severity score:



11% Stress (severity score 2) 82% No or minimal (severity score 1)

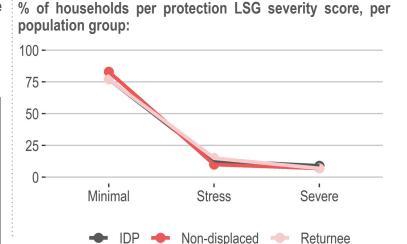
Extreme

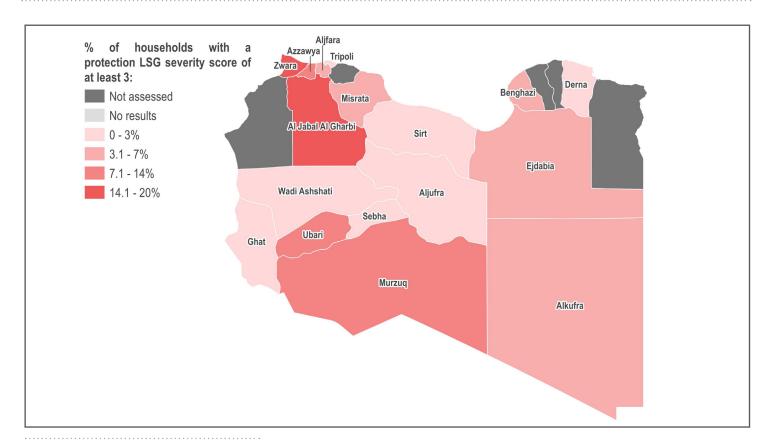
Severe

% of households with a protection LSG severity score of at least 3, per population group:

Non-displaced 6% IDP 9% Returnee 7%

The indicators driving severe and extreme LSG severity scores for protection were access to needed legal documentation, the presence of explosive hazards, injuries caused by explosive hazards, missing household members and minors who are working. Missing documentation of at least one kind was commonly reported for IDPs (40%), returnees (39%) and non-displaced populations (31%). Negative behavioural changes were especially common among IDP households, where it was found than 15% of households noticed changes in minors.





¹⁶ The protection composite indicator consists of access to needed legal documentation, awareness and presence of explosive hazards, missing family, working minors and psychosocial distress. See MSNA 2019 report for more information.





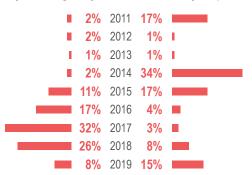
¹⁷ Figure obtained by applying the percentage on the population figure used for the Libya 2019 MSNA sample (using IOM Displacement Tracking Matrix and UNFPA 2017 population projections).



☆→ DISPLACEMENT

Year that returnee HHs returned to their baladiya³ of origin, by %

Year that IDP/returnee HHs were initially displaced, by %



% of IDP and returnee HHs by number of times displaced:



Top 3 push and pull factors reported by IDP HHs*:

Push factors

- No security/conflict in the area
- 2 Dwelling destroyed
- 3 Got evicted from dwelling

Pull factors

- 1 Friends or family living in baladiya of displacement
- 2 More secure environment
- 3 Tribe living in baladiya of displacement

Top 3 push and pull factors reported by returnee HHs*:

Push factors

- InNo security/conflict in the
- 2 area
- 3 Dwelling destroyed

Pull factors

- End of conflict in baladiya of origin
- 2 Friends/family living in baladiya of origin
- Own property in chosen area

Most commonly reported causes of movement restrictions*:

Activities of armed groups

Checkpoints

Rules imposed by authorities

34%

32%

31%

N DOCUMENTATION

Most commonly reported types of legal documents that HHs need but do not have, by % of HHs that need them and per population group*:

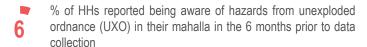
Non-displaced		∱ → IDPs		Returnees	
67%	Passport	67%	Passport	63%	Passport
27%	Family books	28%	Property docs	40%	Property docs
22%	Property docs	23%	Family books	24%	Family books

MISSING PEOPLE

% of HHs reported having a family member missing.

% of HHs with a missing family member reported the family member has been missing for more than 5 years.

HAZARDS FROM UNEXPLODED ORDNANCE



% of HHs reported having at least one member that was harmed or killed as a result of exposure to UXO

Top 3 mantikas in which HHs observed or were aware of movement restrictions in their mahalla in the 3 months prior to data collection:

% of HHs reported having observed or being otherwise aware of

movement restrictions in their mahalla in the 3 months prior to

FREEDOM OF MOVEMENT

Sebha 34%
Aljfara 32%
Al Jabal Al Gharbi 31%

Top 3 mantikas where HHs reported being aware of UXO in their mahalla in the 6 months prior to data collection:

Al Jabal Al Gharbi	13%
Al Jfara	13%
Zwara	13%

^{*} HHs could select multiple answers



data collection





⇔ CAPACITY GAP (CG)

% of households with a CG severity score²² of at least 3:

53%

of households with a CG severity score of at least 3:23 406 284

see Annex for details on methodology

% of households per CG severity score:



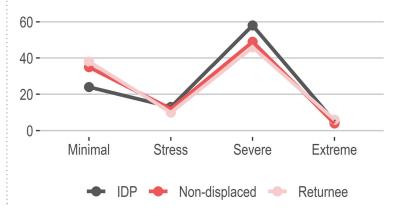
4% **Extreme** (severity score 4) Severe (severity score 3) 12% **Stress** (severity score 2) 35% No or minimal (severity score 1)

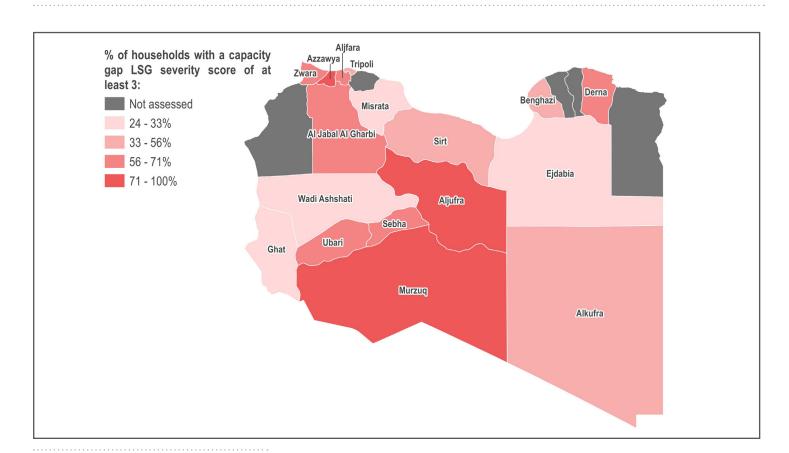
% of households with a CG severity score of at least 3, per population group:

Non-displaced **53**% IDP 63% Returnee **52**%

The CG score indicates the proportion of households resorting to negative coping mechanisms to access livelihoods. Severe and extreme CG scores varied by location;100% of households in Aljufra and Murzug have a capacity gap. This geographic concentration may reflect the combination of instability and challenges around infrastructure and service provision in the South, and the effects of the ongoing fighting in the West.

% of households per CG severity score, per population group:





²² The capacity gap composite indicator is based on the outcomes of the livelihoods cooping strategy index. See MSNA 2019 report for more information.

²³ Figure obtained by applying the percentage on the population figure used for the Libya 2019 MSNA sample (using IOM Displacement Tracking Matrix and UNFPA 2017 population





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WORKFORCE PARTICIPATION

% of individuals engaged in different types of labour in the 30 days prior to data collection:

prior to data conecti	n Non-displaced	∱ ⊸IDPs	
Adults (18 or older)			
Permanent job	48%	43%	45%
Temporary job	3%	6%	4%
Daily labour	4%	4%	7%
Permanent job (gov. payroll) without regular attendance	10%	12%	9%
Children (17 or less)			
Any type of labour	5%	6%	4%

Top 4 types of work institutions in which HHs are engaged, by gender*:

gondor i	Female 🛉	∱ Male	
84%	Government or public sector		71%
2%	Own business or family business		7%
10%	Other Libyan-owned business		16%
3%	Informal or irregular work	1	4%

INCOME & EXPENDITURES

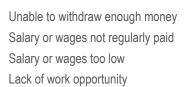
Reported income received from the following sources in the 30 days prior to data collection:

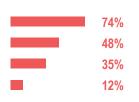
Type of work	% of Adults	Median in LYD ²¹
Government salary	52 %	1400
Own business income	6%	1300
Salaried work	12%	1000
Casual labour	4%	500
Others ²⁰	0%	0

% of HHs that reported facing challenges obtaining enough money to meet their needs in the 30 days prior to data collection, per population group:



Main issues reported by HHs having faced challenges in obtaining enough money to meet their needs (42%):





Reported median amount spent on the following items in the 30 days prior to data collection, per population group:

	displaced	IDP	Returnee
Food items	500	500	500
Rent	400	450	400
Shelte maintenance	0	0	0
Water	35	30	35
Non-food HH items	50	50	50
Utilities	0	0	10
Fuel	60	50	50
Health-related expenditures	75	50	50
Education-related expenditures	0	0	0
Transportation	0	0	0
Mobile phone credit	50	50	50
Productive assets	0	0	0
Debt repayment	0	0	0
Other expenditures	0	0	0

Main reported modality for HH expenditure:

Cash (LYD)		69%
Cheques	_	21%
Prepaid or gift card		4%
Bank transfers	•	3%

of HHs reported not having had access to a market place or a grocery store in their muhalla in the 30 days prior to data collection

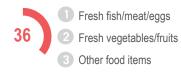
Reported travel time to nearest market, per population group:

Less than 15 min		76 %
15 - 29 min		23%
More than 30 min	T	1%

96% of HHs reported having experienced no barriers accessing a market in the 30 days prior to data collection

% of HHs reported that some market items were too expensive/not available and top 3 most frequently reported items*:

Too expensive:



Not available:







Others: remittances, government social benefits, support from family and friends, humanitarian assistance, zakat or charitable donations.

²¹ USD/LYD exchange rate during data collection: 1.4

^{*} HHs could select multiple answers

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PRIORITY NEEDS

HHs' most commonly reported priority needs, per population group*:

Ť N	lon-displaced		<mark>∱</mark> → IDPs	∱> F	Returnees	
71%	Access to cash	83%	Access to cash	78%	Access to cash	
53%	Medical care	50%	Medical care	51 %	Food	
48%	Food	50 %	Food	45%	Medical care	

% of HHs that either faced no barriers in receiving humanitarian assistance or did not want to receive assistance in the year prior to data collection:

Non-displaced	∱ → IDPs	
57%	56 %	62 %

ASSISTANCE MODALITY AND SOURCE

% of HHs that reported having received humanitarian assistance in the 6 months prior to data collection, per population group:

[↑] Non-displaced	∱ → IDPs	Returnees
7%	30%	10%

Among HHs that received humanitarian assistance (8%), most commonly reported modalities of assistance received*:

In kind	43%
Cash	29%
Mixed (in-kind and cash/voucher)	21%



Among HHs that received humanitarian assistance in the 6 months prior to data collection, % of HHs that were satisfied with the aid they received

Most commonly reported preferred modalities of assistance, by population group:

† I	Non-displaced		∱ → IDPs	ζ	Returnees
38%	Cash in hand	50 %	Cash in hand	51%	Cash in hand
32%	Do not want to receive assistance	17%	Mixed (cash and in-kind)	17%	In-kind (house repairs, construction materials, etc.)
12%	In-kind (house repairs, construction materials, etc.)	16%	In-kind (house repairs, construction materials, etc.)	14%	Mixed (cash and in-kind)

SOURCE OF INFORMATION

Most commonly reported primary sources of information on humanitarian assistance:

TV	21%
Social Media	19%
Community leaders	18%
Do not receive information on humanitarian assistance	16%

Top 3 preferred types of information received on humanitarian assistance:

Ů N	on-displaced	1	- IDPs	∱> F	Returnees
38%	Getting health- care/medical attention	37%	Getting health- care/medical attention	36%	Getting health- care/medical attention
27%	Local security situation	31%	Financial support	32%	Local security situation
24%	Do not want to receive information	26%	How to register for aid	24%	How to register for aid

FEEDBACK ON ASSISTANCE



% of HHs reported having been asked about what aid they would like to receive within the last 6 months

^{*} Resondent could select multiple answers







ANNEX 1: METHODOLOGY

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The methodology behind the 2019 MSNA analysis rests on an analytical framework proposed by REACH and based on the draft Joint Inter-Sectoral Analysis Framework²⁴ (JIAF). The analysis for this MSNA sought to determine the proportion of Libyans who are unable to meet their basic needs in one or more sectors and/or who are relying on negative, unsustainable coping mechanisms to meet these needs. In order to determine this figure, the following composite indicators were calculated using quantitative data from the household survey:

- Living standard gap (LSG) scores: One overall LSG score was calculated for each of the sectors covered by this assessment. The purpose of each living standard gap score is to identify the proportion of households that cannot meet their basic needs in that sector, as well as the severity of these needs. The living standard gap composite indicators provide a measure of the accessibility, availability, quality, use and awareness of essential goods and services.
- Capacity gap (CG) score: The CG score provides a cross-sectoral measure of a household's reliance on negative and unsustainable coping mechanisms to meet their basic needs. The purpose of the capacity gap score is to identify households that may not currently have one or more living standard gaps, but which are maintaining their living standards by relying on negative coping mechanisms, and which may eventually develop living standard gaps once their available coping mechanisms have been exhausted.
- **Pre-existing vulnerability score**: The pre-existing vulnerability score identifies households that may be disproportionately affected by the crisis, and which may be of particular interest to the humanitarian community due to their special needs (e.g., female-headed household). This score incorporates aspects of both social and economic vulnerability.

This assessment looked at the proportion of Libyan households that are unable to meet their basic needs and/or are relying on negative, unsustainable coping mechanisms to meet these needs. Households met this profile if they had:

- A Living Standard Gap (LSG) severity score of "severe" (score of 3) or "extreme" (4) on the JIAF severity scale in one or more sectors and/or
- A Capacity Gap (CG) severity score of "severe" (3) or "extreme" (4) on the JIAF severity scale.

A more detailed and in-depth explanation and the specific gaps driving this classification are further broken down in the full MSNA report.

²⁴ Adapted from Impact Initiatives' "Multi-Sectoral Needs Index (MSNI): Guidance on Operationalising Joint Inter Sectoral Analysis Framework (JIAF) for REACH-Supported MNSA, Version 4", July 2019







ANNEX 2: SAMPLING FRAME

Mantika		# Individuals	S	#	# Households	S	Ta	rget # house	Target # household surveys	S	Actua	Actual # household surveys	old surveys	
	Non-dis-	IDP	Returnee	Non-dis-	IDP	Returnee	Non-dis-	IDP	Returnee	Total	Non-dis-	IDP	Returnee	Total
	placed			placed			placed				placed			
Al Jabal Al Gharbi	134,475	8,520	11,197	25,922	1,704	2,170	114	109	112	335	113	108	108	329
Al Jfara	272,828	15,600	5,030	62,351	3,120	1,006	114	113	106	333	96	108	66	303
Al Jufra	35,462	935	0	5,750	187	0	114	77	0	191	114	77	0	191
Al Kufra	40,395	5,125	1,035	7,045	1,025	207	114	106	08	300	114	103	08	297
Azzawya	251,190	11,003	502	57,590	2,173	88	118	112	22	287	118	112	22	287
Benghazi	567,543	25,540	180,050	104,864	2,068	36,010	117	112	115	344	115	114	119	348
Derna	153,028	1,130	37,270	33,941	226	7,454	115	82	114	311	104	82	107	293
Ejdabia	174,485	13,360	200	31,145	2,672	100	114	112	09	286	115	111	09	286
Ghat	17,118	8,135	086	3,576	1,627	196	113	110	82	301	112	111	82	301
Misrata	352,205	23,980	6,835	62,214	4,793	1,357	116	116	110	342	116	116	109	341
Murzuq	51,420	4,460	385	7,821	892	22	98	87	43	225	103	87	68	229
Sebha	123,046	12,710	1,920	20,521	2,542	384	115	112	63	320	111	112	85	315
Sirt	92,515	8,200	60,450	15,005	1,640	12,090	115	111	116	342	109	106	116	331
Tripoli	862,189	37,970	49,375	162,867	7,248	9,914	112	109	116	337	112	97	116	325
Ubari	83,263	3,295	27,935	15,420	629	5,587	115	102	114	331	115	102	114	331
Wadi Ashshati	67,991	1,195	210	692'6	239	42	108	81	36	225	113	85	36	234
Zwara	237,635	6,355	12,925	57,672	1,271	2,585	116	107	112	335	109	102	106	317
Total	3,516,788	187,513	396,599	683,073	37,086	79,268	1,925	1,758	1,462	5,145	1,889	1,733	1,436	5,058

Two datasets were used to create the assessment's sampling frame:

UNFPA/Libyan Bureau of Statistics 2017 population projections for Libya

• IOM-DTM Round 25 (April-May 2019) dataset. Available at: https://displacement.iom.int/datasets/libya-idps-and-returnees-baseline-assessment-round-25



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